State of New Hampshire
2015 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/23/2015
Business ID: 309649
William M. Gardner
Secretary of State

GRAPEVINE PROPERTY SERVICES, INC.

108 LONDONDERRY TURNPIKE
HOOKSETT, NH 03106

ENTITY TYPE: CORPORATION
BUSINESS ID: 309649
STATE OF DOMICILE: NEW HAMPSHIRE

LAWN MAINTENANCE & SNOW PLOWING

1

ADDRESS OF PRINCIPAL OFFICE:
108 LONDONDERRY TURNPIKE
HOOKSETT, NH 03106

REGISTERED AGENT AND OFFICE:
SCHUBERT, WILLIAM J, ESQ
100 WEBSTER STREET
MANCHESTER, NH 03104

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

3

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. **Peter Madison**
STREET **108 Londonderry Turnpike**
CITY/STATE/ZIP **Hooksett Nh 03106**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR. **Peter Madison**
STREET **108 Londonderry Turnpike**
CITY/STATE/ZIP **Hooksett Nh 03106**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Peter Madison**

Please print name and title of signer: **Peter Madison** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

030964920151000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301